

## Sara R. Weaver

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**To:** Sara R. Weaver  
**Subject:** RE: Issue with 76-1

**From:** Adam Mintz [<mailto:adam@steephilllab.com>]  
**Sent:** Monday, February 24, 2014 11:16 AM  
**To:** Marla McDade-Williams; Joseph Theile; Chad Westom  
**Subject:** Issue with 76-1

To All,

I apologize I did not catch this error earlier, but it is extremely important that it is addressed.

Sec. 76. 1. Any medical marijuana establishment that packages marijuana or marijuana products must individually package, label and seal marijuana or marijuana products in unit sizes such that no single unit contains more than a 2.5 ounce supply of marijuana.

This statement ONLY makes sense when referring to dried cannabis flowers. This language is cannot be applicable to "marijuana products" for a few reasons:

### **Edibles:**

Edibles are measured in mg of THC or CBD, not in dried weight of cannabis. Dried weight of cannabis does not translate into the actual potency of an edible product. If there is 2.5 ounces of cannabis in an edible, and the marijuana used is 10% THC (100mg/g), you are saying that an edible can be 7,000mg of THC per unit. If the marijuana used is 20% THC (200mg/g), the edible will be 14,000mg of THC per unit. To put this into perspective, Colorado has set their edible limit at 100mg of THC. I would be more than happy to assist in correcting this oversight.

### **CO2 or Hydrocarbon Extraction:**

In regards to concentrates, another "marijuana product," allowing someone to dispense, or an individual to possess, 2.5 ounces of concentrate is a LARGE AMOUNT. Traditionally, concentrates, due to the fact they are far more potent in either THC or CBD, are sold in 1/2g-1g units. Patients traditionally purchase numerous individual 1gram units of concentrate, which they pay anywhere from \$30-\$50 per gram. From a strictly financial standpoint, 2.5 ounces of concentrate would be valued between \$2100-\$3500, which might be a safety concern due to theft, black market distribution, etc.

Since most extraction processes have a 10%-15% output of their initial source material, you could take 2.5oz, or 70.9g, and base it on the assumed output.

$$70.9\text{g} \times .1 = 7\text{g}$$

$$70.9\text{g} \times .15 = 10.6\text{g}$$

I think a 10g limit for concentrates would need to be the cap. I think this is enough to supply a patient who might need higher doses of THC or CBD, while it also keeps the assumed value between \$300-\$500. I think at

these amounts, diversion will not be attractive, and I doubt the average patient will be spending hundreds of dollars per visit.

I am available to assist you with this issue at anytime, as I think it is extremely important that it is resolved.

Lastly, as I mentioned to Mr. Westom last week, I want to applaud your department, and the State of Nevada, for the lighting speed you have moved through this process. I have been working with other states across the nation, and their progress does not hold a candle to what you have accomplished, thanks for the great work.

**ADAM MINTZ**

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